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ABSTRACT

A 1997 study assessed the impact of welfare reform as reported by Head Start staff served by the Great Lakes Resource Access Project (GLRAP), a federally funded program providing training and technical assistance to Head Start staff in the area of disability services. The states served by the project are Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. GLRAP used three methods (survey, canvass call telephone interviews, and focus groups with Head Start staff) to inquire about potential and real effects of welfare reform on Head Start services. Findings showed that the principal concerns clustered in three areas: eligibility and changes in the formal system, family concerns, and internal Head Start issues. Loss of child eligibility for enrollment in Head Start and loss of Supplemental Security Income (SSI) benefits were concerns which 73 percent of Disability Service Coordinators (DSCs) identified on the survey. There was a trend in concern about enrollment of children as program size increased. Regarding services to families in Head Start, 62 percent of DSCs anticipated changes because of welfare reform. Larger programs serving more families had more concerns in this area than smaller programs. Also, many internal issues were identified as concerns by Head Start staff, including the need for staff development and training. (Contains 18 references and 4 tables.) (EV)

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The Impact of Welfare Reform on Head Start Disability and Family Services

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Note: At the time this data was collected, the project was named GLRAP (Great Lakes Resource Access Project). The project is newly funded for five years and named GLQIC-D (Great Lakes Quality Improvement Center for Disabilities). Funding is through the Head Start Bureau, Department of Health and Human Services.

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Abstract

This paper discusses the impact of the Personal Responsibility Reconciliation Act of 1996 on Head Start. Many children with disabilities and families served by Head Start will be affected by this new law, also called Welfare Reform. To meet the challenges and requirements of reform, the Great Lakes Resource Access Project (GLRAP) used three methods (survey, canvass call telephone interviews, and focus groups with Head Start staff) to inquire about potential and real effects on Head Start services. Results showed that the principle concerns clustered in three areas: eligibility and changes in the formal system, family concerns, and internal Head Start issues.

The Impact of Welfare Reform on Head Start

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (hereafter referred to as welfare reform) is an example of a new philosophy about welfare and work. One of the most sweeping pieces of legislation in years, the Act abolished the 61 year-old AFDC (Aid to Families with Dependent Children) program, tightened Supplemental Security Income (SSI) eligibility requirements for children with disabilities, and transferred the financial responsibility for providing child care protections and family assistance to states. AFDC is replaced by a new program, Temporary Assistance for Needy Families (TANF). TANF is a block grant to states, not a federal entitlement, which is designed to help families in need to move into the work force by promoting job preparation, work and marriage. It also scales back Supplemental Security Income (SSI) to children with disabilities through more stringent eligibility requirements for cash benefits. This legislation promises to affect the lives of the children and families served by Head Start in many ways.

At the same time, the revised program performance standards (U.S. DHHS, 1996) for Head Start is expected to have a great impact on children and families served by Head Start. The revised program performance standards (U.S. DHHS, 1996) outline the services Head Start (HS) will provide to all children, including children with disabilities. Guidelines are specified for serving children with developmental needs. Among these guidelines is a plan for the development of family partnerships through a "Family Partnership Agreement" (U.S. DHHS, 1996). As Head Start becomes more aware of and assumes more responsibility in serving children with disabilities and their families, Head Start program staff need to be aware of the potential impact of Welfare Reform.

The focus of this paper is the impact of welfare reform as reported by Head Start staff served by GLRAP, a federally funded program through DHHS (Department of Health and Human Services) providing training and technical assistance in the area of disability services to HS staff. The states served by the project are Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Although the impact on Head Start families is anticipated, little research has been conducted about the concerns of Head Start staff as they prepare to confront the short and long term effects of the Act. There are special concerns about children with disabilities served in Head Start. These children have many health care and developmental needs that may be compromised in the future. Since Head Start serves low income families, many of whom will be forced to work or enter job training, the need for health care, cash assistance, and quality child care is especially critical (Hritz & Shuell, 1997).

California highlights a number of issues that compromise optimal caregiving for children with special needs. In anticipation of federally mandated changes in policies governing welfare (i.e., prior to the passage of the 1996 federal welfare reform legislation), California developed policies and implemented changes in the way the state served children and families. Meyers, Lukemeyer, & Smeeding (1996) reported on the impact of California's welfare policy changes (especially in the AFDC system) and outcomes on families and children with disabilities or health conditions. Among the significant findings were:

- while over 40% of households had either a mother with disability and/or a child with disability (p. 17), "a considerable proportion... had not yet enrolled in the (SSI) program" (p. 31)

- families caring for children with special needs "were more likely to rely on welfare and appeared to fare worse than other families on several measures of material hardship" (p. 21)
- out-of-pocket expenses associated with children's disabilities or health conditions increased significantly for poor families, especially if the children were moderately or severely disabled
- families caring for children with disabilities or health conditions were "more likely than other families to live in subsidized housing and to have Medi-Cal or Medicare coverage" (p. 22)
- labor force participation by parents, especially mothers, caring for children with special needs was substantially lower than other parents.

California highlights only one example of changes and difficulties for families of young children with disabilities that could occur as a result of reforms in the public assistance program. The new welfare law scales back the role of the federal government and gives discretion of welfare reform design to states. The new law will create 50 different systems of public assistance. The following section describes welfare reform initiatives already in place or occuring in the six states included in this study.

Welfare Reform Initiatives

The information about welfare reform in Region V were obtained from state plans found on the Internet. Please see the reference list for more information.

Indiana

A comprehensive statewide welfare reform, called The Partnership for Personal Responsibility, was put into effect in December, 1994. The reform included a constellation of community, county, and statewide initiatives and partnerships working together to provide extensive services to move families from dependency

to self-sufficiency. Highlights of Indiana's reform package include: a) the demonstration Project IMPACT (Indiana Manpower Placement and Comprehensive Training Program); b) Project Respect, designed to address the challenges surrounding "out-of-wedlock" pregnancies in teenage girls; c) the Teen Parent Program, which assures that teen parents complete high school, as well as develop and implement a personal plan toward employment and self-sufficiency; and d) increased coordination with the local Step Ahead Councils and Indiana Department of Education. The lead agency for reform is the Family and Social Services Administration, which focuses on the principles of work, personal responsibility and accountability. Critical components of the state plan include:

- two-year lifetime benefits
- incentives for the private and business sector to assist in employment opportunities, and the collaborative partnerships.

Michigan

In 1992 Michigan obtained a federal waiver and began implementing a program called To Strengthen Michigan Families. This program has substantially increased the number and percent of families receiving public assistance who have earned income while also reducing the number of families who receive assistance. A critical strategy of the Michigan state plan is the use of incremental steps in implementing welfare reform. Initiated in October, 1992, each stage moves the families in the state further along the path to self-sufficiency. Each increment allows for ample review of policies and actions which need to be taken to improve or change direction in the reform package. The To Strengthen Michigan Families waiver package outlines a blueprint for the changes anticipated over the next year.

Wisconsin

As one of the first states in the nation to end the welfare entitlement of AFDC, Governor Thompson enacted a new program in 1995 designed to provide assistance to families. W-2-Wisconsin Works is based on the following premises: a) everyone is able to work or contribute to society through work activity within one's abilities; b) there should be pride in work and self-sufficiency; and c) a lesser role for government in managing social programs. The key themes to W-2-Wisconsin Works are work and personal responsibility. Wisconsin has reduced welfare rolls by over 27% since 1987, and expects further reduction in the future. A unique part of the program are the four work options available: (a) unsubsidized employment, (b) trial jobs, (c) community services jobs, and (d)W-2 transitions, reserved for those who legitimately are unable to perform self-sustaining work.

Illinois

This state program, initiated in July 1997, is designed to assist low-income families living in poverty to become self-supporting, strengthen family life, and reduce the instances of economic need in Illinois families. This will be accomplished in several ways:

- by emphasizing that parents are primarily responsible for supporting and providing guidance for children
- by providing support services to help the parents move into employment
- by providing parenting classes
- by providing support services so that elementary and middle school children will form and maintain proper school attendance habits
- by reducing teen age and unmarried pregnancy.

Participation in the various welfare-to-work programs will be encouraged by recognizing the value of volunteer services as an effective training endeavor for the development of sound work habits. The state of Illinois has also instituted the development of a new Department of Human Services to implement the welfare reform. Current departments and divisions serving children and families are combined to form this "mega-agency."

Ohio

Substantial progress has been made in transforming the delivery of human services programs in this state throughout 1997. The objective of Ohio's reform is to help people become self-sufficient and take personal responsibility for their own lives and future. Several principles form the core of the reform initiative:

- assist people to achieve and maintain employment
- maximize the self-sufficiency of the economically vulnerable
- support the needs of the families of children and promote family stability
- focus on prevention of long-term dependence
- include a statewide minimum core set of services.

A critical component of this state's plan is the establishment of a "business framework" for structuring functions and business processes in the new human services system. An equally strong component is the link to the utilization of advanced technology to help fulfill the objectives in the reform.

Minnesota

Currently in the beginning stages of development and implementation Minnesota's welfare reform is building upon the foundation of the Minnesota Family Investment Program. This successful program has been in existence for several years as an alternative to AFDC. It creates financial incentives to encourage work and time limits in which welfare recipients must go to work or face penalties.

Minnesota has a strong child care subsidy program to help people go to work and remain independent. Another program is MinnesotaCare, a unique low-cost health care program that helps families avoid welfare. This state is preparing for the new initiatives occurring in 1997 by forming collaborative partnerships with agencies from all over Minnesota.

These state initiatives are examples of the ways states are approaching welfare reform. Because the Head Start community provides an atmosphere of advocacy for children, parents, and staff, HS is a critical link in meeting the challenge of welfare reform. Welfare reform, while equipping thousands of men and women for the work force and supporting their journey toward self-sufficiency and self-efficacy, appears to neglect the transition required for such changes and shifts in family life and support. The National Head Start Association believes that local HS programs are an "invaluable resource to any attempt to improve and promote the welfare system to sufficiency" (National Head Start Association, 1996). State legislation can urge families systematically towards self-sufficiency, but cannot form the personal structure supports necessary for families in times of extreme change in policies and systems. Head Start personnel are faced with moral, ethical, and emotional dilemmas as they attempt to assist families through the maze inherent in such a huge systems change.

Developing an understanding of change theory is helpful in times of systems change, such as the current situation with welfare reform. Change is a process, not an event and is accomplished by individuals. It is a highly personal experience and in the early stages, individuals are likely to have very personal concerns (Hord, Rutherford, Huling-Austin &Hall, 1987). For example, individuals may ask "How will this affect me?" and have informational needs as they search for an understanding of change.

Welfare reform is a monumental effort impacting impoverished and low income families which includes families served by HS. HS staff are dealing with some very serious issues. HS staff may feel out of control due to stressful events associated with welfare reform as families lose cash benefits and health care. The purpose of the current study was to gather timely information from HS staff regarding: a) the current level of understanding of welfare reform; b) service areas where change is expected or has already occurred; and c) preparation for personnel (i.e., training or assistance) in meeting the challenges of the legislation. The method for implementing the study is discussed in the next section.

Method

Subjects

Survey subjects. A total of 412 surveys were sent to all Disability Service Coordinators (DSCs) in the region. Respondents to the survey included 269 (DSCs) from Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. This represented a 67% response rate. Indiana had a 100% response rate. Other states which had at least a two-thirds return rate were Wisconsin (84%), Ohio (83%), and Minnesota (68%). Illinois' return rate was 60%, while Michigan's response was 54%.

Canvass call subjects. DSCs in the states of Illinois and Indiana responded to canvass calls. These two states were selected because they represented two significantly different histories in terms of reforms and activities in the welfare system. Indiana has experimented with welfare reform since 1994, while Illinois has only just recently passed welfare reform legislation. Also, these two states were located in close proximity to the main GLRAP office in Champaign, Illinois. Both the Illinois and Indiana Program Support Specialists (PSSs) were available to conduct the telephone interviews for their respective states. Thirty-six DSCs from the state of Illinois participated in the canvass calls, with 31 DSCs participating from

Indiana. The interviews were voluntary and were made based on the availability of DSCs during the months of February and March of 1997.

Focus group subjects. Head Start program Directors and DSCs participanted in the focus groups conducted in two states. The Indiana focus group was held at the Indiana Spring Retreat which is a time for DSCs and other HS staff to come together in a relaxed atmosphere. Twenty two individuals voluntarily attended the focus group which was held on the second day of the retreat.

The Illinois focus group was part of a special follow-up event designed for HS personnel to discuss the impact of welfare reform on their programs and families. A prior meeting, held three months earlier, had focused on the national welfare reform legislation. The Illinois focus group was held in a conference room at the GLRAP office. A total of twelve directors and DSCs voluntarily attended.

Instruments

Survey. The survey was developed over a period of 4 months by the GLRAP staff. The staff met once a week to discuss and refine the survey. Based on information received from HS staff through personal contacts, previous needs assessments, and identification of national issues, the staff identified three critical areas to survey. The areas were (a) screening and developmental assessment of children, (b) developing working relationships with parents with disabilities served in HS programs, and (c) the impact of Welfare Reform on HS services. In addition to the core areas, program demographic information, utilization of GLRAP services, and satisfaction with services provided by GLRAP were surveyed. The survey was five pages printed on front and back. There were five questions about Welfare Reform on the survey constituting 14% of total questions asked. The questions were: a) How would you rate your staff's level of knowledge about the welfare reform? b) How are staff prepared to handle the reform? c) In what areas do you

expect changes in regard to services provided to children and families? d) What are your staff's needs? and e) How has welfare reform/managed care impacted health services for children with disabilities? All except the last question required respondents to indicate "yes" or "no" to the choices provided. The question about health care services was open-ended. In addition, a question for statistical analysis was developed based on the inductive reasoning that the size of programs may impact concerns that Head Start staff might have regarding services provided to children with disabilities and their families. The question was "What, if any, relationship exists between size of program and expected changes or concerns regarding services for children with disabilities and their families?" The survey also asked questions about screening and assessement and serving parents with physical, sensory, emotional or cognitive disabilities. The results to these questions are discussed in other papers.

Three Portage CESA #5 subcontract staff, the Regional RAP Project Officer, and two DSCs in the field served as validators by reviewing the survey. The survey was edited and revised several times using the input of these reviewers. The survey can be obtained by contacting the authors.

Canvass Call Questions. The Indiana PSS developed interview questions with input from the GLRAP evaluator. These interview questions were designed to gain supplementary information to the survey data. The interview protocol was then submitted to the Illinois PSS and the GLRAP Infant/Toddler Specialist to review and provide comments. Final review and approval was provided by the GLRAP Director. A semi-structured interview format was chosen by the team in order to organize the questions so they elicited similar information to the Needs Assessment Survey, while providing opportunities for participants to elaborate upon their responses. In this way, the canvass calls served to validate as well as

supplement the needs assessment data. A standard protocol, two pages in length, was used by the PSS for Indiana and Illinois. Questions about welfare reform focused on two issues: a) investigating the need to change program practices because of issues related to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and b) availability of child care and the impact on Head Start. A copy of the canvass call protocol can be obtained by contacting the authors.

Focus Group Questions. While survey and canvass call formats were designed to elicit specific information from HS staff, the focus group had the additional benefit of the group process in addressing this issue. The questions used for both focus groups were: a) What do we know about welfare reform? b) How is welfare reform impacting us personnally? and c) How is welfare reform impacting our program?

Procedures

Survey. The GLRAP office in Champaign, Illinois, and the CESA#5 subcontract office in Portage, Wisconsin, mailed the surveys. The GLRAP mailed surveys to DSCs in Illinois, Indiana, and Ohio, and CESA #5 sent surveys to DSCs in Michigan, Minnesota, and Wisconsin. Reminders were sent to DSCs who had not responded by March, 1997.

Canvass call. Canvass calls were conducted in Illinois and Indiana in February and March of 1997. Brief responses were written verbatim on a blank protocol form and longer responses were summarized in writing by the interviewer and verbally reflected to the respondent in order to ensure accuracy. This type of verbal reflection is a form of informal member checking (Lincoln & Guba, 1985) which serves to increase the credibility of the data. Each interview took 20 to 40 minutes to complete.

Focus group. The focus groups were structured discussion groups utilizing group interaction to produce data and insight that might not occur in individual interviews (Morgan, 1988). After a brief introduction, both Indiana and Illinois PSSs turned the attention of the participants to the three questions for discussion. Each question was written on chart paper and posted on the wall. Each PSS led the discussion and took notes. More detailed notes were taken by another GLRAP staff member in the Illinois focus group. In the Indiana focus group, one of the DSCs took detailed notes. The entire discussion took 45 minutes in the Indiana focus group and 60 minutes in the Illinois focus group. Notes and chart paper were collected at the end of each focus group.

Analysis

Survey. Quantitative analysis was conducted in three steps. First, descriptive analysis was performed to describe the characteristics of programs that are represented in the survey. Second, analysis of variance (ANOVA) was conducted to investigate associations between the program size (as represented by the number of children served in the program) and responses to survey questions. Program size was divided in five groups. Subgroup 1 represented programs serving 100 or less children; Subgroup 2 programs served between 100 and 201 children; Subgroup 3 between 200 and 301 children; Subgroup 4 between 300 and 401 children; and Subgroup 5 programs serve more than 400 children. Third, post-hoc comparisions using the Bonferroni method were performed to determine which specific subgroups significantly differed from each other. The dependent variables were coded in binary terms; hence the comparisions were conducted to test for differences in the percentages of programs responding affirmatively to the dependent variable.

Responses to the open-ended question "How has welfare reform/managed care impacted health services for children with disabilities?" were transcribed and

sorted by the six states. The GLRAP Director, two PSSs, the evaluator and a graduate assistant participated in the analysis process. Each individual independently generated themes and subthemes on their own set of transcripts. The coders met together biweekly during June and July of 1997 to discuss themes and subthemes and come to consensus. Each of the five individuals participating in this stage of analysis brought different perspectives to the process. One PSS was a DSC for nine years previous to working at GLRAP. Another PSS has worked for the project for six years as a training and technical assistant specialist and Early Head Start specialist. The director of GLRAP has considerable research and professional experience in the field of Early Childhood Special Education. The evaluator conducted the survey analysis, and brought extensive knowledge of the survey data to the process. The graduate assistant was the least involved in everyday activities of the GLRAP.

Canvass calls. For each open-ended question (e.g., to the question "Has your program been investigating the need to change practices because of issues related to the welfare reform act?) were tallied for each state. A list of all responses was constructed and responses that were similar in content were grouped under category headings. For example, six basic responses were provided to the question "What practices are you looking at changing?" The responses were role of parent involvement, increasing collaboration, changing hours/program options, creating work opportunities through Head Start, reallocation of funds to health area, and changes in recruitment/selection/enrollment criteria. The number of responses under each category were tallied. The tallied numbers were divided by the total number of DSCs responding to the questions (i.e., Illinois, n=36; Indiana, n=31) in order to calculate the percent of DSCs who responded in a particular manner to the interview items. In this way, the data was more easily compared to the data

collected from the Needs Assessment Survey. Meetings with the research team were held to discuss analysis during the summer of 1997.

Focus group. The day after the focus group the PSS for Illinois and the PSS for Indiana each individually typed up their responses to the three questions posed during the focus group and generated themes in a qualitative/ethnographic summary (Morgan, 1988). This type of summary of results was chosen as the method of analysis rather than a formal content analysis. The qualitative summary relies more upon quotes and paraphrases; a content analysis converts such data into numerical descriptions (Morgan, 1988). This information was brought to the weekly research team meeting for discussion with the GLRAP Director and evaluator. The group discussed this data, comparing it to the results of the survey and canvass calls.

Credibility and Dependability. This was a complex research project utilizing three sources of data collected via three different methods. The qualitative data included information from the open-ended questions on the survey, canvass calls and focus groups. Several means were used to assure rigor of the qualitative data analysis. These methods included a) investigator triangulation, b) group debriefings, c) methodological triangulation, and d) data triangulation (Denzin, 1989; Lincoln & Guba, 1985; Smith, 1984; Stainback & Stainback, 1988; Taylor & Bogdan, 1984).

Investigator triangulation (Denzin, 1989) was accomplished by using multiple investigators and coders to code the open-ended question on the survey. Multiple investigators also collected and coded the canvass call data and debriefed after the focus groups. Group debriefings (Lincoln & Guba, 1985) were held with investigators to discuss emerging themes from the open-ended survey question and compare these to the results of canvass calls and focus groups. Minutes were kept of all these meetings in a file for the study. Methodological triangulation (Denzin,

1989) was accomplished by utilizing two or more research strategies to study a topic. In this study, three methods were used (i.e., survey, canvass call telephone interviews, and focus groups). Data triangulation (Denzin, 1989) was performed using data from three sources, which enabled the investigators to combine methods and ask questions about a topic at different times and in different settings (e.g., some of the DSCs individually filled out a survey, participated in a one-on-one telephone interview and participated in the focus group).

In addition, a three hour summary group debriefing was held in August, 1997, in which the findings from all three sources of data were compared. This meeting was led by the GLRAP Director. All of the data fell into three broad categories: a) eligibility and the formal system; b) concerns about families; and c) internal HS issues. Assurance that the data and findings are credible and dependable are supported with the methods and processes described. The next section will discuss results and findings.

Results

Survey

At least 50% of the programs in Indiana, Minnesota, and Wisconsin served in service areas of less than 50,000 people. The majority of programs in Illinois (61%), Ohio (63%), and Michigan (70%) served areas with population sizes of at least 50,000 people. Extensive demographic information was collected but cannot be listed here because of page limitations. For example, the average number of children in classroom-based programs ranged from 220 (Indiana) to 617 children per program (Ohio). The average number of classroom-based teachers ranged from 11 (Indiana & Minnesota) to 24 in Ohio. The average number of families served per program ranged from 214 (Indiana) to 653 (Ohio). The average number of children served in the home-based option ranged from 22 per program (Indiana) to 73 per program

(Minnesota). The number of home-based teachers ranged from two in Indiana to six in Ohio, Minnesota, and Wisconsin. A report summarizing state and regional results of the GLRAP Needs Assessment is available (Bennett & Bhagwanji, 1997).

Descriptive analysis revealed that 54% of DSCs responding to the survey indicated that knowledge about welfare reform was minimal or general awareness level. Twenty-three percent (23%) indicated that staff had an understanding of some of the aspects or consequences of welfare reform. The rest of the DSCs (24%) reported their staff were already exploring ways to meet welfare reform demands.

In terms of staff preparation to handle welfare reform, 63% of DSCs reported having little or general discussions about it. Ten percent (10%) had discussed the impact of welfare reform on organizational changes and staff roles. Twenty-seven percent (27%) had discussed the impact on services.

Parent involvement (83%), parent volunteers (78%), child care services (77%), and enrollment of children (73%) were areas in which most change was expected. Other areas in which more than 50% of DSCs expected change included resources for jobs (65%), family services (62%), parent education (62%), service delivery (58%), and health/managed care (57%). Findings also confirmed that training and technical assistance were needed in regard to changes in roles (76%), changes in services provided (75%), collaboration changes with child care providers (75%), and information about welfare reform (67%).

The means and standard deviations for expected changes are shown in Table 1. The means, or the percent of programs indicating agreement to expected changes, appeared to increase as the program size increased in several of the areas. Indeed, as verified by ANOVA, expected changes or concerns expressed differed by size of program in children's enrollment, service delivery, family services, health care services, parent involvement, parent training, and parent volunteers (see Table 2).

Bonferroni's post-hoc comparisions, however, indicated significant differences only between Subgroups 1 and 5 for enrollment of children, family services, health care services, and parent involvement. There did not seem to be enough power to indicate significant differences among the other comparisions. However, many of these other mean differences were near the probability level of .05.

Qualitative analysis of the survey's open-ended question yielded three main categories: a) eligibility and changes in the formal system; b) family concerns; and c) internal HS issues. Important subthemes identified are listed in Table 3. Loss of critical services or difficulty in accessing services, financial burdens, loss of continuity with trusted providers, and child care issues were common subthemes or concerns in at least two of the three main categories.

Canvass Calls

Analysis of the telephone interview data is shown in Table 4. Analysis showed that 77% of Indiana DSCs were investigating the need to change practices because of the passage of welfare reform. In Illinois, 99% of DSCs indicated the need to change practices. A majority of DSCs shared anxieties about potential changes to HS and the need to address the stress they and their staff were experiencing in dealing with Welfare Reform and child care issues.

Focus Groups

Findings from the focus groups fell into three major categories; a) concern for families and children, b) concern about the future of the HS program, and c) personal issues of well-being. Other subthemes included child care, community connections, enrollment issues, staff and personnel issues, and philosophical issues.

Consolidation of Data

Before discussing the findings from the consolidation of data, it is essential to first discuss the importance of timing. Welfare reform is an issue that is changing

rapidly over the course of months as states change or add to their welfare reform programs. When interpreting the data collected in this study, timing is an important factor to keep in mind. For example, DSCs and their staff in all states filled out the survey in January and February of 1997. Canvass calls for IL and IN were completed in February and March of 1997. The Indiana focus group was in May, 1997, the Illinois focus group was in February, 1997. This is important information when discussing findings because all of the states are progressing at different rates. This has a tremendous effect on data, findings and interpretation and the authors were constantly reminded of this while merging the data into a coherent whole.

Eligibility and the Formal System

Concerns about loss of child eligibility for enrollment in HS and loss of SSI benefits were concerns which 73% of DSCs identified on the survey. There was a definite trend in concern about enrollment of children as program size increased. The potential result of these losses would not only impact children, but also their families. Families becoming part of the working poor was a concern. This concern was specifically raised in the focus groups in which many participants were Head Start directors. Parents may work for low wages and not be eligible for needed services like health care and child care. Child care and health care concerns were significantly related to program size. Child care concerns were also expressed in both canvass calls and focus groups. These issues were mainly related to HS providing full day/full year services through extended hours and days. Also wrap-around care was mentioned for working parents who need child care for long workdays. These concerns were for the target child and also younger and older siblings who will need care. The changes in regard to managed health care were also a concern. Some families with children will have to find new health care providers,

learn new procedures, wait for referrals and then wait for services. Waiting for services can be very detrimental for young children with disabilities who may need therapeutic services, such as physical therapy. This was also a concern for HS staff who must work with new health care providers in a managed care system to provide physical examinations and other health services.

Family Concerns

Many areas regarding services to families in HS were identified through the survey, canvass calls, and focus groups. On the survey, 62% of DSCs anticipated changes in family services. The larger programs serving more families had more concerns in this area. The anxiety about the future for families discussed in the focus groups extended to the following areas: a) child abuse and neglect, b) latchkey children, c) domestic violence, d) higher neighborhood crime, e) loss of health care insurance and health services, f) lack of adequate nutrition, and h) a generalized fear of governmental control. The emotional stress and financial burden expected as a result of welfare reform were significant concerns. These, in turn, will affect families' abilities to participate as parent volunteers and in parent education and training. The parents' involvement in their children's learning and development also may be adversely affected by welfare reform. Financial difficulties may affect such far-reaching areas, such as transportation, which was noted in the focus groups and on the survey.

According to the data collected from all three sources, HS staff are very much in tune with the families they serve and were able to readily identify issues that will affect all families, particularly families of children with disabilities. The interruption in continuity of care is a major concern for HS and medical care providers. In one of the focus groups family mentoring was mentioned as a possible solution to help families help each other through this time of crisis.

Quality child care for infants, toddlers and preschoolers was also identified as a major issue for families joining the work force. Working closely with community agencies to form creative partnerships to better provide child care for children was mentioned. Not only will HS need to reach out to community partners, HS will also need to appraise internal HS issues affected by Welfare Reform.

Internal Head Start Issues

Many internal issues were identified on the survey, canvass calls and focus groups. Many of these were related to personal concerns, others were related to changing job roles. A very important internal issue is the need for staff development and training. When confronted with change, most individuals first focus on personal issues. All three data sources consistently identified personal issues, specifically noting anxiety, informational needs, mental health issues and the need for training in state licensure. A related concern voiced in the focus groups was high expectations for HS staff as welfare reform is implemented. Staff felt they needed more training, more information and assistance to be able to help families. All three data sources confirmed the reality of changes in HS staff roles.

Seventy-five percent of respondents to the survey were concerned about changes in service delivery provided by HS. Some of the canvass call respondents elaborated about future HS programs probably needing to provide care during extended hours, full year and full week and possibly more meals to children. Also the possibility of providing a menu of program options according to the needs of the family was mentioned. A key issue identified by focus group and canvass call participants was the need for increased communication and planning among staff members. This includes HS staff with supervisors, HS staff and parents, management staff and community partners. The reallocation of funds within the HS program came up as a logical next step in the planning process in the focus

groups and canvass calls. It seems likely that HS will be asked to provide more support to children and families with fewer resources. HS may have to be reorganized in light of the changes due to welfare reform.

In terms of job training 65% of survey respondents and focus group participants noted the need for more resources for jobs, like family day care providers. Canvass call participants also mentioned training parents for jobs in child care. And 77% of the survey respondents said they wanted more information about collaborating with child care which include work opportunities in child care.

The area that was consistently identified by all three data sources as a target for change is the family involvement component of HS. On the survey 83% said they expect changes in parent involvement. It is logical that if parents are working, they will not be able to participate as easily in home-based or center-based activities. Also 78% of survey respondents expect changes in regard to parent volunteers. Parents may not be as available as they were before. This component will likely change drastically because of welfare reform. The next section will discuss the meaning of the findings, implications for practice, limitations of the study and ideas for future research.

Discussion and Implications

The impact of welfare reform on HS is likely to be drastic because of the comprehensive services provided to children and families. One of the strongest components of HS is Family Services which will likely change because of parents entering the work force or job training programs. The need for comprehensive child care will be great. Many HS programs which run on 9 month/half day school year calendars will need to change to full year/full day programs. The Head Start Performance Standards (U.S. DHHS, 1996) challenges HS programs to provide high quality services to families, including child care. In terms of children with

disabilities, many of whom are dually enrolled in HS and Early Childhood Special Education programs, welfare reform may have an impact on the availability of such programming. More creative solutions to serving such children will need to be developed through community partnerships.

From all of this data it is clear that the larger programs (often urban) are feeling the impact of welfare reform before the rural programs. Some of the issues will be similar for all areas such as access to jobs, need for child care and managed health care. Resources may be more scarce in rural areas, but there may also be barriers to making community contacts in the midst of many resources in cities. For example, in a recent report by the Children's Defense Fund (1998), only about 10% of eligible children received the child care assistance they needed. Child care may be a financial burden on the family because often state subsidies are inadequate. The unavailability of quality child care can undermine both family integrity and the desire to enter the workforce.

Serious concerns for HS staff who worry about their own personal well-being and high expectations and possible job role changes and anxiety about the effect on families need to be addressed. HS staff need support and training in coping with these issues in order to help families deal the effects of welfare reform. As HS makes the needed changes to accommodate welfare reform, HS staff will need asssistance.

Hritz & Shuell (1996) state that HS staff need to gather the information needed to help HS families face the challenges of welfare reform. Some of these challenges include the areas of child care, medical and dental care and nutrition. They also recommend that individuals become active at the state and federal level in order to inform others about the impact of welfare reform on HS children and families.

Forming community partnerships to effectively care for children while parents train for work is also important. The results obtained in this study reinforce the idea that community partnerships be developed and nurtured at the local level. It is essential that HS programs and child care providers, early intervention programs and staff find the resources to meet the needs of children with special needs and the family during this critical time. A significant issue related to building community partnerships is utilizing a profamily approach. This entails adopting a family-centered stance characterized by a consumer driven attitude that is flexible and supportive of families. An effective community partnership involves important stakeholders who develop trusting relationships and share similar visions. Ideally, these individuals collaboratively develop and implement a plan for the community to meet the needs of children and families. These community partnerships should lead to continuity in critical services and comprehensive seamless systems of care.

Future research is needed to document the changes in HS programs in all states as welfare reform is implemented. Innovative programs will develop creative solutions to enable staff to deal with the changes to HS. These creative solutions need to be shared with other programs. Comprehensive training needs to be provided to HS staff as they prepare themselves and families for the coming changes. Results of this study indicate that timely training be provided in the areas of welfare reform legislation (both federal and state), HS roles, program operations and services, and collaboration competencies. At the same time, community partnerships are needed as training is planned and implemented in order to develop more responsive systems for families and children.

In the future this type of study could be extended to all 50 states with the collection of survey data and follow-up canvass calls. One limitation of this study

was that focus groups were held in two of the six states. With an issue as complex as welfare reform which will have such far reaching effects, demands on HS staff and families can be lessened with adequate preparation and planning. Staff training about change and how to prepare might be helpful. This study makes a major contribution to the current research literature about the expected impact of welfare reform on HS staff and programs. A constant dialogue needs to take place at all levels of service delivery, health care, early intervention, and therapeutic services about how best to support families as they move into the work force or job training. This support may come in the form of more concrete services such as child care and nutrition programs or informal support through counseling and mental health services and job training. One thing is clear, welfare reform is such a monumental change that all of the players need to communicate, collaborate, and support one another through a time which may be stressful and life changing.

References

Bennett, T., & Bhagwanji, Y. (1997). 1997 Great Lakes Regional Access Project Needs Assessment. (ERIC Document Service Reproduction No. ED 411 963.)

Children's Defense Fund. (1998). Locked doors: States struggling to meet the child care needs of low-income families. Washington, DC: Author.

Denzin, N.K. (1989). The research act: A theoretical introduction to sociological methods. Englewood Cliffs, NJ: Prentice-Hall.

Hord, S.M., Rutherford, W. L., Huling-Austin, L. & Hall, G. E. (1987). Taking charge of change. Alexandria, VA: Association for supervision and Curriculum Development.

Hritz, T. & Shuell, J. (1997, Winter). Adapting to welfare reform: Understanding welfare reform in relation to Head Start and exploring opportunities for addressing the challenges it creates. Children and Families, 13-19.

Illinois: Draft Plan for Temporary Assistance for Needy Families July, 1997-June, 1999. (2/26/97). http://www.state.il.us/dpa/tanf.htm

Indiana: State of Indiana State Plan for Temporary Assistance for Needy Families. (7/2/97). http://www.ai.org/fssa/HTML/state plan/html

Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.

Meyers, M. K., Lukemeyer, A. & Smeeding, T. M. (1996, April). Work, welfare, and the burden of disability: Caring for special needs of children in poor families. Income Security Policy Paper Series, Abstract Paper #12, Center for Policy Research, Syracuse, NY.

Michigan: Michigan State Plan Family Independence Program. (7/3/97). http://www.mfia.state.mi.us/state plan.htm

Minnesota: Minnesota Planning. (no date given). http://www.mnplan.state.mn.us

Morgan, D. L. (1988). Focus Groups as Qualitative Research. Newbury Park, CA: Sage Publications.

National Head Start Association. (1996). The Personal Responsibility & Work Opportunity Act of 1996: What will welfare reform mean for Head Start. Washington, DC: NHSA Government Affairs Division.

Ohio: Ohio Welfare Reform Executive Summary. (7/19/97). http://www.state.oh.us/odhs/welfrfm/execsum.html

Smith, J.K. (1984). The problem of criteria for judging interpretive inquiry. Education evaluation & policy analysis, 6, 379-391.

Stainback, S., & Stainback, W. (1988). Understanding and conducting qualitative research. Reston, VA: Council for Exceptional Children.

Taylor, S.J., & Bogdan, R. (1984). An introduction to qualitative research methods: The search for meanings. New York: Wiley & Sons.

U.S. Department of Health and Human Services. (1996). Revised performance standards for Head Start. Washington, DC: U.S. Department of Health and Human Services.

Wisconsin: Recent DHFS Press Releases: 8/14/95, Wisconsin receives new Welfare Waiver from Feds. (7/3/97). http://www.dhfs.state.wi.us:m80/dhfs/pubs/html/81495.html

Table 1.
Means and Standard Deviations for Dependant Variables by Each Subgroup*.

Variable	Subgroup 1 M SD (n=64)	Subgroup 2 M SD (n=59)	Subgroup 3 M SD (n=33)	Subgroup 4 M SD (n=26)	Subgroup 5 M SD (n=77)
Enrollment of children	.609 .492	.661 .477	.788 .415	.846 .368	.831 .377
Service Delivery	.500 .504	.542 .502	.667 .479	.462 .508	.727 .448
Resources for jobs	.594 .495	.593 .495	.758 .435	.731 .452	.714 .455
Child care	.719 .453	.746 .439	.879 .331	.769 .430	.818 .388
HS staff role	.453 .502	.458 .502	.545 .506	.538 .508	.558 .500
Family services	.484 .504	.593 .495	.697 .467	.692 .471	.740 .441
Health care services	.438 .500	.525 .504	.727 .452	.654 .485	.675 .471
Parent involvement	.719 .453	.847 .363	.909 .292	.808 .402	.896 .307
Parent education	.656 .479	.508 .504	.636 .489	.654 .485	.662 .476
Parent training	.453 .502	.424 .498	.697 .467	.577 .504	.597 .494
Parent volunteers	.656 .479	.780 .418	.909 .292	.885 .326	.805 .399

* Subgroup 1 represents programs serving 100 or less children; Subgroup 2 programs serve between 100 and 201 children; Subgroup 3 between 200 and 301 children; Subgroup 4 between 300 and 401 children; and Subgroup 5 programs serve more than 400 children. For each dependent variable, the subgroup mean represents the percent of programs indicating concern (expected changes) as a result of reforms in the welfare system.

Table 2. Analysis of Variance (ANOVA) Results.

	Between Groups	
Variable	F-ratio	p
Enrollment of children	3.241	.013*
Service Delivery	2.893	.023*
Resources for jobs	1.359	.249
Child care	1.085	.365
HS staff role	.601	.662
Family services	2.891	.023*
Health care services	3.209	.014*
Parent involvement	2.507	.043*
Parent education	1.053	.380
Parent training	2.423	.049*
Parent volunteers	2.810	.026*

* Significant at the .05 level of probability.

Table 3.
Themes and Subthemes on Welfare Reform's Impact on Health Services for Children with Disabilities.

1. Eligibility and Changes in the Formal System
   - Difficulty accessing services
   - Adverse effect on availability of services
   - New providers
   - New intake/transition procedures
   - Long wait time until services are received
   - Information needed about new system
   - Difficulty with referrals
   - Loss of SSI for children with behavior problems
2. Family Concerns
   - Emotional stress on families
   - Financial burden
   - Transportation
   - Families entering the working poor
   - Lack of continuity of care (with HS and others)
   - Loss of SSI
   - Loss of specialized services (e.g., speech therapy, physical therapy)
   - Child care
3. Internal HS Issues
   - Personal/emotional reaction of HS staff
   - Stress
   - Financial impact
   - Child care issues
   - Impact on child services
   - Concerns about family involvement
   - Interruption of the continuity of care with families
   - Loss of resources

Table 4.
Expected areas of change (telephone interview data)

	Where have changes occurred or are expected to occur?	
Area	Indiana (n=31)	Illinois (n=36)
•Parent involvement	12	6
•Collaboration	7	1
•Hours/program operation	8	14
•Creation of work opportunities through HS	5	5
•Reallocation of funds to health area	3	2
•Recruitment and enrollment criteria for children	2	0
	How is your program addressing the issue of the availability of child care impacted by welfare reform?	
•Just beginning to investigate	12	3
•Increasing collaboration	11	5
•Providing full day HS	11	19
•Talking to community councils to address local needs	3	0
•Doing family day care	0	2
•Not addressing now	5	6
•Do not know	1	0